

France, Becky (DEQ)

From: Daina Reynolds [gordietz@msn.com]
Sent: Friday, June 07, 2013 10:55 AM
To: France, Becky (DEQ)
Cc: Parker IV, Clifton L.; Castillo, Timothy E.; Bill Lester
Subject: RE: Blacksburg Country Club WWTP Application
Attachments: Extenden Aeration Closure Plan 2008.RTF

Dear Becky France:

Here is the Closure Plan. Thanks for all your help. My understanding is that our next installment for the Closure Bond Financial assurance instrument, (CD's at Grundy National Bank) is due in late November or December, and would be equal to the Annual Cost Index increase to the bond. We will pay that when due. With the current progress in the sale of the utility company, I anticipate that the permit will reissue before the sale completes and closes. Certainly, we understand that state law requires that the bond be held in trust by the DEQ until it is replaced by another acceptable financial assurance mechanism, and then released by the DEQ back to the utility company.

Daina Reynolds, Supt.
B&J

From: Becky.France@deq.virginia.gov
To: gordietz@msn.com
Subject: Blacksburg Country Club WWTP Application
Date: Thu, 6 Jun 2013 20:43:29 +0000

I received the changes to your VPDES permit application. I noticed that you did not include a copy of the closure plan. For the permit application record, I will need to a copy of the closure plan with any revisions or changes. If there is a change of ownership, another closure plan and financial assurance agreement will be needed and B&J Enterprises will maintain the financial assurance requirements until you receive a DEQ notification that the new owner has met the financial assurance requirements. In the meantime we need to make sure that your financial assurance requirements are met. The financial assurance regulation, 9 VAC 25-650-60, requires that closure plans be submitted by the owner or operator "concurrently with its application for a VPDES permit for the facility .. and closure plans ... shall be reviewed by the owner or operator, modified as necessary, and resubmitted to the Board concurrently with an owner's or operator's application for a reissued VPDES permit." I don't want to make any assumptions regarding the closure plan and financial assurance requirements. Please submit a current closure plan for the application.

Becky L. France
Water Permit Writer
Department of Environmental Quality
3019 Peters Creek Road
Roanoke, VA 24019
(540) 562-6793
E-mail: Becky.France@deq.virginia.gov
Web: <http://www.deq.virginia.gov>

B & J Enterprises, L.C.

3807 Brandon Avenue, S.W.

Suite #245

Roanoke, Virginia 24018

Phone (540) 989-3653

Extended Aeration Closure Plan

B&J Enterprises, L.C.

Blacksburg Country Club Estates WWTP

Blacksburg, VA

Extended Aeration History and General Data

The Blacksburg Country Club Estates WWTP Extended Aeration System with post chlorinator and de-chlorination currently requires a Closure Plan for the Application of its VPDES Permit. There is no intention to actually close the facility by the current owners of the facility in the foreseeable future. The facility is located in the Ellett Valley of Montgomery County. It currently serves 155 residential customers and one commercial customer. The outfall is near the North Fork of the Roanoke River. The system was completed in 1999, and is currently permitted under VPDES Permit No. VA0027481. The discharge limit is not to exceed 0.035 MGD. If this plan is implemented, it will be when B&J Enterprises, L.C. becomes financially insolvent or unavailable.

Radical Closure and removal of the plant is not an option due to the large number of permanent residences in the vicinity coupled with soil conditions that preclude individual septic drain fields. This situation gives rise to three options for the system upon failure of the current utility company. These options are sale of the utility company, transfer of the utility company to the Montgomery County PSA, or connection to another system.

Sale of the Utility Company

Upon failure of the utility company and implementation of the Plan, the utility company would be offered for sale to private individuals or a corporation. Sale of the utility would be upon the approval of the State Corporation Commission. Permits, deeds, easements and accounting would be transferred in a timely manner which would not exceed the two year permit closure time frame. Sale would be by sales contract completed by Reynolds Farms/Daina Reynolds, contract closure plan implementer.

Transfer of the Utility Company

Upon failure of the company and implementation of the plan, the utility company may be transferred to the Montgomery County PSA. In this scenario, the utility company would rely upon the charter of the MCPSA which states that they are chartered to build and acquire WWTPs in Montgomery County. The Plan implementer would immediately apply for acquisition by the PSA. Permits, deeds, easements, and accounting would be transferred in a timely manner which would not exceed the two year closure time frame.

Connection to Adjacent System

Upon failure of the company and implementation of the Plan, the company may be connected to an adjacent system. In this scenario, the Number One Pumping Station would be used to pump pretreated waste into the Town of Blacksburg system and the utility would become a customer of the town, the town recently passed an ordinance allowing them to extend to customers outside their town limits.

This connection could be easily accomplished by the addition of one pumping station in the Nellies Cave Road area. Upon implementation of this plan the plan implementer would immediately apply for service and Extension of Mains which process would not exceed the two year closure plan time frame. The town of Blacksburg is adjacent to the Blacksburg Country Club Estates.

Implementation of the Plan

The plan will be implemented at the direction of the DEQ. The contract implementer of the plan will be Daina T. Reynolds II dba Reynolds Farms. Upon notification by the DEQ and release of the Closure Bond, Mr. Reynolds will execute the plan option or options which he deems most advantageous, accomplishable and prudent. The closure plan contract is attached as part of this plan. Upon notification by the DEQ and release of the Closure Bond, Mr. Reynolds would receive the utility company and immediately secure the books, records, revenues and accounts of the utility company. Mr. Reynolds will insure the ongoing operations of the utility company as the operator, superintendent and administrator of the utility company operations, and receiver of the business and assets. Mr. Reynolds is very knowledgeable and competent due to his intimate involvement with the utility company since it has been a regulated entity. Mr. Reynolds will continue with the management and operation of the utility company until relieved of his responsibilities by the completion of the closure plan. The utility company has every confidence in Mr. Reynolds' abilities as manager, operator, superintendent, plan implementer and receiver.

Bonding

Since the utility company will continue to collect revenues after the failure or insolvency of B&J Enterprises, LC, or operations are ceased by B&J Enterprises, LC, a competitive management fee will be paid to the receiver commensurate with the services rendered. A Closure Bond is currently established and funded through the surcharge approved by the State Corporation Commission. The amount of the Closure Bond will be \$50,000.00, fifty thousand dollars. The Closure Bond and related funds will be released to the contract plan implementer immediately upon implementation of the plan.

Cost Estimate

The cost to implement the closure plan will be \$50,000.00, fifty thousand dollars.

May 16, 2012

ENTERED

Becky France
Water Permit Writer
DEQ
Blue Ridge Regional Office
3019 Peters Creek Road
Roanoke, VA 24019

Re: PCB Testing Request Waiver Letter
B&J Enterprises, LC
VPDES # VA0027481



Dear Ms. France:

Please consider this letter as a Letter of Request for waiver of PCB Testing for this site. This sewer system was begun in 1968. We were fully regulated as of September 9, 1999. Based on the past and current uses and activities at this facility, we believe that testing for PCB contaminants is not necessary or applicable. To my knowledge there has been no PCB sources stored or used on this property. There are no PCB's generated by this facility, nor are any stored at this facility. Our wastewater is mainly from 163 residential households and one country club. The country club has a maintenance facility and a laundry facility on site. Neither of these generates PCB's to my knowledge. Therefore, based on this information, we believe that testing for PCB's is not necessary.

We request a waiver for testing for PCB contaminants to be included in our discharge permit.

Thank you for your help with this Letter of Request.

Respectfully Yours,

A handwritten signature in cursive script, appearing to read "Daina T. Reynolds II".

Daina T. Reynolds II
Superintendent
B&J Enterprises, LC

B & J Enterprises, L.C.

3807 Brandon Avenue, S.W.
Suite #245
Roanoke, Virginia 24018
Phone (540) 989-3653

March 25, 2013

Western Virginia Water Authority
Janis M. Richardson
Environmental Programs Coordinator
1502 Brownlee Avenue
Roanoke, VA 24015

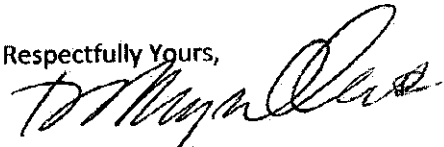
Re: B&J Enterprises, LC
Blacksburg Country Club Estates WWTP
Request to Discharge Sludge and Generation of Sewage Sludge Form B2

Dear Ms. Richardson:

Thank you for your recent reminder letter dated February 26, 2013. In compliance with 40 CFR 503 we request permission to continue to haul sludge from the Blacksburg Country Club Estates WWTP to the Roanoke Regional Water Pollution Control Plant. The sludge will be hauled by Hall's Septic Service on an intermittent basis.

Thank you for your assistance with this Letter of Request.

Respectfully Yours,



Daina T. Reynolds II
Superintendent
B&J Enterprises, LC

ENTERED

B&J Cost Estimate

From: **Bennett, Josiah (DEQ)** (Josiah.Bennett@deq.virginia.gov)
Sent: Wed 6/20/12 10:47 AM
To: gordietz@msn.com (gordietz@msn.com)

Daina,

Make it for \$53,482.

Thanks,

Josiah

Josiah Bennett

*Virginia Department of Environmental Quality
Office of Financial Responsibility Programs & Data Management*

629 E. Main St., 5th floor

Richmond, VA 23219

(804) 698-4205 (p)

(800) 592-5482 (toll-free)

(804) 698-4234 (fax)

Visit DEQ's petroleum program on the web
at <http://www.deq.virginia.gov/Programs/LandProtectionRevitalization/FinancialAssurance.aspx>



France, Becky (DEQ)

From: Bennett, Josiah (DEQ)
Sent: Friday, June 07, 2013 11:46 AM
To: Daina Reynolds
Cc: France, Becky (DEQ); Parker IV, Clifton L.; Castillo, Timothy E.
Subject: RE: Closure Bond Financial Assurance Mechanism

Daina,
You're in compliance at the moment. An adjustment is due by 11/7/2013, and the required amount will be \$54,391.
Thanks,
Josiah

*Josiah Bennett
Virginia Department of Environmental Quality
Office of Financial Responsibility Programs & Data Management
629 E. Main St., 5th floor
Richmond, VA 23219
(804) 698-4205 (p)
(800) 592-5482 (toll-free)
(804) 698-4234 (fax)*

Visit DEQ's petroleum program on the web at
<http://www.deq.virginia.gov/Programs/LandProtectionRevitalization/FinancialAssurance.aspx>

From: Daina Reynolds [<mailto:gordietz@msn.com>]
Sent: Friday, June 07, 2013 11:09 AM
To: Bennett, Josiah (DEQ)
Cc: France, Becky (DEQ); Parker IV, Clifton L.; Castillo, Timothy E.
Subject: Closure Bond Financial Assurance Mechanism

Dear Josiah:

B&J Enterprises, LC is currently working through the VPDES Discharge Permit reissuance process. Can you please review and respond on the status of the Financial Assurance Mechanism. Especially, whether there are any amounts due or outstanding so we may address them immediately. I think that we have a Cost Index increase due in November or December. Please calculate the amount and include it in your response.

Respectfully Yours,
Daina T. Reynolds II
B&J Enterprises, LC

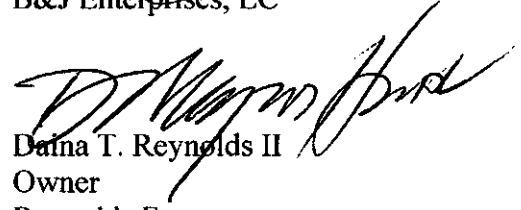
March 15, 2013

Contract for Closure Plan Implementation

B&J Enterprises, LC and Daina T. Reynolds II, dba Reynolds Farms, do hereby and herein contract the following:

Daina T. Reynolds II dba Reynolds Farms will for the Closure Bond amount of \$50,000.00 with the Cost Index Increases and all related monies, and a competitive management fee will implement the Closure Plan approved by the Department of Environmental Quality. Mr Reynolds will perform or secure the duties of operator in charge, superintendent, and implementer of the Closure Plan, administrator and receiver during the two year term of the Closure Plan.


William H. Lester
Managing Partner
B&J Enterprises, LC


Daina T. Reynolds II
Owner
Reynolds Farms


Vonda L. Ward
Notary
My commission expires: 10/31/16



July 12, 2012

DEQ Closure Bond
Financial Assurance Mechanism
Certificate of Deposit Calculation

Amount required to fully fund Closure Bond and return B&J to compliance as of 7/12/2012.....	\$53,482.00
Amount currently held at Grundy National Bank to the benefit of DEQ.....	\$32,505.00
Amount of certificate of deposit to be purchased 7/13/2012.....	\$20,977.00

ASSIGNMENT OF CERTIFICATE OF DEPOSIT ACCOUNT

City, Roanoke, VA

July 13, 2012, 2012

FOR VALUE RECEIVED, the undersigned assigns all right, title and interest to the Virginia Department of Environmental Quality, Commonwealth of Virginia and its successors and assigns the Virginia Department of Environmental Quality the principal amount of the instrument, including all monies deposited now or in the future to that instrument, indicated below:

If checked here, this assignment includes all interest now and hereafter accrued.
Certificate of Deposit Account No. 69626

This assignment is given as security to the Virginia Department of Environmental Quality in the amount of twenty thousand nine hundred seventy seven dollars (\$20,977).

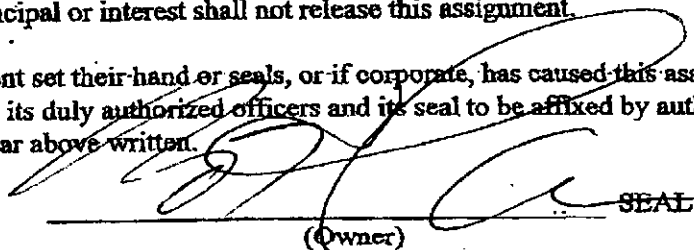
Continuing Assignment. This assignment shall continue to remain in effect for all subsequent terms of the automatically renewable certificate of deposit.

Assignment of Document. The undersigned also assigns any certificate or other document evidencing ownership to the Virginia Department of Environmental Quality.

Additional Security. This assignment shall secure the payment of any financial assurance obligations of the (name of owner/operator) to the Virginia Department of Environmental Quality for closure activities at the (facility name and permit number) located (physical address).

Application of Funds. The undersigned agrees that all or any part of the funds of the indicated account or instrument may be applied to the payment of any and all financial assurance obligations of (name of owner/operator) to the Virginia Department of Environmental Quality for closure activities at the (facility name and address). The undersigned authorizes the Virginia Department of Environmental Quality to withdraw any principal amount on deposit in the indicated account or instrument including any interest, if indicated, and to apply it in the Virginia Department of Environmental Quality's discretion to fund closure at the (facility name) or in the event of (name of owner or operator)'s failure to comply with the regulation entitled Closure Plans and Demonstration of Financial Capability, 9VAC25-650-10 et seq. The undersigned agrees that the Virginia Department of Environmental Quality may withdraw any principal and/or interest from the indicated account or instrument without demand or notice. The undersigned agrees to assume any and all loss of penalty due to federal regulations concerning the early withdrawal of funds. Any partial withdrawal of principal or interest shall not release this assignment.

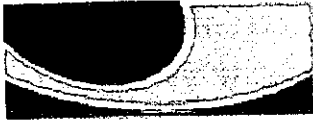
The party or parties to this Assignment set their hand or seals, or if corporate, has caused this assignment to be signed in its corporate name by its duly authorized officers and its seal to be affixed by authority of its Board of Directors the day and year above written.


(Owner) SEAL

B & J Enterprises, L.C.
By: William H. Lester, Managing Member
(Print name)

(Owner) SEAL

(Print name)



WESTERN VIRGINIA WATER AUTHORITY

February 26, 2013

B & J Enterprises, L.C.
Ms. Daina T. Reynolds II
3807 Brandon Ave., SW, Suite 245
Roanoke, VA 24018

Subject: Sludge Hauling

Dear Reynolds:

The Western Virginia Water Authority is required by 40 CFR 503 to account for all sludge that is land applied by this facility to be pre-approved by the Department of Environmental Quality (DEQ). The Blacksburg Country Club is currently on the approved list of facilities hauling sludge to the Roanoke Water Pollution Control Plant. If your facility requires continued hauling of sewage sludge to the Roanoke Regional Water Pollution Control Plant a letter requesting to have the sludge discharged here is required and completion of Section B 2. of the enclosed form, be certain to include the total volume in dry metric tons per year that you expect to have hauled to the Water Authority. Submit your request, in writing to the address below by March 25, 2013 or your company will be removed from the list of approved sludge being hauled into the POTW.

Please do not hesitate to contact me at the number listed if you have any questions or need additional information.

Sincerely,

Janis M. Richardson
Environmental Programs Coordinator

Cc: ss

1502 Brownlee Avenue
Roanoke, VA 24015

Email: Janis.richardson@westernvawater.org

Telephone: 540.853.1517
FAX: 540.853-1307



ENTERED

Aqua Virginia, Inc.
2414 Granite Ridge Rd.
Rockville, VA 23146

T: (804) 749-8868
F: (804) 749-8002
www.aquaamerica.com

August 29, 2012

Mr. Daina T. Reynolds II
B&J Enterprises, L.C.
3907 Brandon Ave
Roanoke, Virginia 24018
Phone (540) 989-3653, Email: gordietz@msn.com



SUBJECT: Letter of Intent – Blacksburg Country Club WWTP, VPDES No. VA0027481

Dear Mr. Reynolds:

On behalf of Aqua Virginia, Inc., we are pleased to provide this letter which confirms the intention of Aqua Virginia, Inc., (“AQUA” or “Company”), or an affiliate of Aqua, to acquire the operating wastewater assets of B&J Enterprises, L.C. Public Sewer System, (herein called “B&J Enterprises” or the “System”) subject to Aqua’s Board’s approval. Aqua is a subsidiary of Aqua America, Inc., one of the nation’s largest investor owned water and wastewater utilities.

Based upon our discussions to-date, we believe our understanding is contained in the following outline:

A. Individual System Components to be Acquired. The operating sewer system to be acquired is the Blacksburg Country Club WWTP, VPDES Permit No. VA0027481, serving approximately 159 residential connections and one commercial facility, located in Ellet Valley, east of the Town of Blacksburg, in Montgomery County, Virginia. The sewer system assets generally include the following: a 35,000 GPD WWTP with six serial basins, splitter tank, two clarifiers, tablet chlorinator, tablet dechlorinator, sludge holding tank, twin air compressors, lab building, flow meter with weir, and discharge to the North Fork of the Roanoke River, collection system, manholes, four pump stations, and service laterals to each connection, and all land and easements for the sewer system assets, and all other appurtenances and equipment currently serving all the lots of the community with approximately 160 accounts as of this date written above.

B. Transaction Details.

We believe the transaction should be structured as an asset sale whereby B&J Enterprises will receive cash at Closing. The purchaser of the assets will be Aqua or its affiliate. The System will be conveyed to Aqua free and clear of all claims, liens and encumbrances. Upon closing, Aqua will assume the responsibility to maintain continuous compliance with all local, state, and federal guidelines pertaining to the provision of sewer utility services, including the responsibility to replace or repair the System.

C. Indication of Value and Form of Consideration. We believe the transaction should be structured as an asset sale whereby B&J Enterprises will receive cash at Closing. The purchaser of the assets will be Aqua or an affiliate. Based upon a review of the assets, we are pleased to offer you a price of ~~\$50,000.00~~, contingent upon a satisfactory agreement being reached between the parties. ~~\$150,000~~ ^{WHL}

D. Other Issues. ~~\$135,000~~ ^{WHL}

1. In good faith, B&J Enterprises will provide AQUA with all available system information and documents as may be available to complete the transaction, operate the systems, and document knowledge of system appurtenances.
2. It is understood by both parties that the Closing cannot take place until the transfer is approved by the SCC under the Utilities Transfer Act.
3. AQUA and B&J Enterprises will Jointly Petition the SCC to approve the transaction.

This letter does not constitute an agreement of sale to convey assets. Rather, we will have our counsel prepare the definitive agreement and related documents reflecting our full understanding and containing such terms and conditions which are normal, usual and appropriate including a listing of assets to be acquired and representations and warranties from B&J Enterprises regarding due authorization, title to and condition of assets and regulatory compliance, as well as indemnification provisions and closing conditions. The definitive agreement will be subject to our mutual approval, including specific approval by the Board of Directors of AQUA and B&J Enterprises.

The definitive agreement will be subject to our receipt of all required approvals from regulatory agencies, to enable AQUA to assume the ownership and operation of the System and to provide water service to the public in the areas presently being served by the System.

The closing will be held as soon as practicable after all of the required approvals have been received. Below is an estimated time line of transaction events:

Estimated Milestone Date & Description:

Summer, 2012 – This Letter of Intent Executed by Both Parties

Fall, 2012—Prepare Asset Purchase Agreement, Prepare Joint Petition, submit Joint Petition to SCC

Fall, 2012 – Notices to customers, public comment period for 30 days

Winter 2012 – SCC Issues a “Final Order”

30 Days – Prepare to close

March, 2013 – Close - Execute and Record Transaction

The projected closing date is estimated to be in 2013. We will cooperate in seeking to satisfy the closing conditions and to obtain the needed regulatory approvals, including the filing of an application with the Virginia SCC Utilities Commission for the transfer of the ownership of the water system and for the territory being served.

AQUA shall be responsible for its own legal fees and other expenses incurred in connection with this transaction. B&J Enterprises shall be responsible for its own legal fees and other

expenses incurred in connection with this transaction.

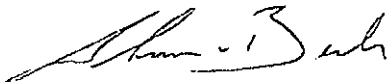
In consideration of the substantial expenditures of time, effort and expenses to be undertaken by AQUA in preparing the necessary acquisition documents and conducting various due diligence, if we agree to go forward on the basis of this Letter of Intent, B&J Enterprises agrees that it will not enter into or conduct any discussions with any other prospective purchaser of the assets of B&J Enterprises, and that you will cause B&J Enterprises to use its best efforts to preserve intact its business organization, service area and the goodwill of its customers and others having business relations with it until December 31, 2012. This date may be extended by mutual agreement. However, the date shall be automatically extended so long as AQUA has filed the definitive agreement with the Virginia State Corporation Commission for its approval of the transaction.

This letter assumes that B&J Enterprises has not entered into any agreement or understanding with any other person which would be interfered with by the transaction contemplated hereby. If B&J Enterprises has an understanding with any other person, AQUA requests the option to make the final offer.

This letter is only intended as a general outline of our proposal and is not an offer to acquire the assets of B&J Enterprises; such an offer to be made only in the form of a definitive agreement after we have reached agreements on all the terms and conditions of the transaction.

We look forward to working with you and serving your community. If you concur with this letter, please so indicate by signing this letter and returning the original to me as soon as possible. If there are any questions, please contact Clifton Parker, IV, P.E., at (804) 749-8868x12 (office), (804) 310-0398 (cell), or CLParkerIV@aquaamerica.com.

Very truly yours,



Shannon V. Becker
President
Aqua Virginia, Inc.

CONFIRMED AND AGREED:

B&J Enterprises, L.C.

By: 

(WHL 10/10/12)

Name: W. H. Lester

Date: 9/27/12

B & J Enterprises, L.C.

3807 Brandon Avenue, S.W.
Suite #245
Roanoke, Virginia 24018
Phone (540) 989-3653

ENTERED

March 10, 2013

Becky L. France, EES
Department of Environmental Quality
West Central Regional Office
3019 Peters Creek Road
Roanoke, VA 24019

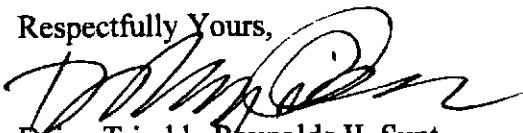
Re: VPDES Permit No. VA0027481
Permit Application

Dear Becky France:

Please consider this completed Permit Application for our discharge permit and Supplementary Information. If there are any further requirements or amendments, please contact me at 540-989-3653.

Thank you for your assistance with this Permit Application.

Respectfully Yours,


Daina Trimble Reynolds II, Supt.
B&J Enterprises, LC



FORM
2A
NPDES

NPDES FORM 2A APPLICATION OVERVIEW

APPLICATION OVERVIEW

Form 2A has been developed in a modular format and consists of a "Basic Application Information" packet and a "Supplemental Application Information" packet. The Basic Application Information packet is divided into two parts. All applicants must complete Parts A and C. Applicants with a design flow greater than or equal to 0.1 mgd must also complete Part B. Some applicants must also complete the Supplemental Application Information packet. The following items explain which parts of Form 2A you must complete.

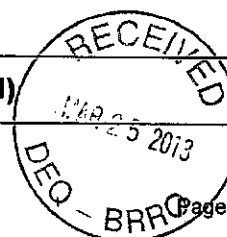
BASIC APPLICATION INFORMATION:

- A. **Basic Application Information for all Applicants.** All applicants must complete questions A.1 through A.8. A treatment works that discharges effluent to surface waters of the United States must also answer questions A.9 through A.12.
- B. **Additional Application Information for Applicants with a Design Flow ≥ 0.1 mgd.** All treatment works that have design flows greater than or equal to 0.1 million gallons per day must complete questions B.1 through B.6.
- C. **Certification.** All applicants must complete Part C (Certification).

SUPPLEMENTAL APPLICATION INFORMATION:

- D. **Expanded Effluent Testing Data.** A treatment works that discharges effluent to surface waters of the United States and meets one or more of the following criteria must complete Part D (Expanded Effluent Testing Data):
1. Has a design flow rate greater than or equal to 1mgd,
 2. Is required to have a pretreatment program (or has one in place), or
 3. Is otherwise required by the permitting authority to provide the information.
- E. **Toxicity Testing Data.** A treatment works that meets one or more of the following criteria must complete Part E (Toxicity Testing Data):
1. Has a design flow rate greater than or equal to 1 mgd,
 2. Is required to have a pretreatment program (or has one in place), or
 3. Is otherwise required by the permitting authority to submit results of toxicity testing.
- F. **Industrial User Discharges and RCRA/CERCLA Wastes.** A treatment works that accepts process wastewater from any significant industrial users (SIUs) or receives RCRA or CERCLA wastes must complete Part F (Industrial User Discharges and RCRA/CERCLA Wastes). SIUs are defined as:
1. All industrial users subject to Categorical Pretreatment Standards under 40 Code of Federal Regulations (CFR) 403.6 and 40 CFR Chapter I, Subchapter N (see instructions); and
 2. Any other industrial user that:
 - a. Discharges an average of 25,000 gallons per day or more of process wastewater to the treatment works (with certain exclusions); or
 - b. Contributes a process wastestream that makes up 5 percent or more of the average dry weather hydraulic or organic capacity of the treatment plant; or
 - c. Is designated as an SIU by the control authority.
- G. **Combined Sewer Systems.** A treatment works that has a combined sewer system must complete Part G (Combined Sewer Systems).

ALL APPLICANTS MUST COMPLETE PART C (CERTIFICATION)



FACILITY NAME AND PERMIT NUMBER:

Form Approved 1/14/99
OMB Number 2040-0086

BBCC WWTP VA 0027481

BASIC APPLICATION INFORMATION

PART A. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS:

All treatment works must complete questions A.1 through A.8 of this Basic Application Information Packet.

A.1. Facility Information.

Facility Name

Mailing Address

Contact Person

Title

Telephone Number

Facility Address
(not P.O. Box)

B+J Enterprises, LC - Blacksburg Candy Club Estates
 3807 Bramdon Ave. S.W.
 Roanoke, VA. 24018
 DANA T. REYNOLDS II.
 Superintendent
 (540) 989-3653
 Clubhouse Road
 Blacksburg, VA. 24060

A.2. Applicant Information. If the applicant is different from the above, provide the following:

Applicant Name

Mailing Address

Contact Person

Title

Telephone Number

B+J Enterprises
 3807 Bramdon Ave. S.W. Suite 245
 Roanoke, VA. 24018
 DANA T. REYNOLDS II.
 Superintendent
 (540) 989-3657

Is the applicant the owner or operator (or both) of the treatment works?

☒ owner☒ operator

Indicate whether correspondence regarding this permit should be directed to the facility or the applicant.

☐ facility☒ applicant

A.3. Existing Environmental Permits. Provide the permit number of any existing environmental permits that have been issued to the treatment works (include state-issued permits).

NPDES

UIC

RCRA

PSD

Other

Other

VPPDES No. VA 0027481

A.4. Collection System Information. Provide information on municipalities and areas served by the facility. Provide the name and population of each entity and, if known, provide information on the type of collection system (combined vs. separate) and its ownership (municipal, private, etc.).

Name

Population Served

Type of Collection System

Ownership

BBCC Estates

159

Gravity & Force

B+J

BBCC

1

Gravity & Force

B+J

Total population served 160 Customers

FACILITY NAME AND PERMIT NUMBER:

Form Approved 1/14/99
OMB Number 2040-0086

BBCC WWTP VA 0027481

A.5. Indian Country.

- a. Is the treatment works located in Indian Country?

☐ Yes☒ No

- b. Does the treatment works discharge to a receiving water that is either in Indian Country or that is upstream from (and eventually flows through) Indian Country?

☐ Yes☒ NoA.6. Flow. Indicate the design flow rate of the treatment plant (i.e., the wastewater flow rate that the plant was built to handle). Also provide the average daily flow rate and maximum daily flow rate for each of the last three years. Each year's data must be based on a 12-month time period with the 12th month of "this year" occurring no more than three months prior to this application submittal.

- a. Design flow rate
- 0.035
- mgd

Two Years Ago

Last Year

This Year

- b. Annual average daily flow rate

0.050 MGD0.040 MGD0.060 MGD

- c. Maximum daily flow rate

0.294 MGD0.287 MGD0.267 MGD

A.7. Collection System. Indicate the type(s) of collection system(s) used by the treatment plant. Check all that apply. Also estimate the percent contribution (by miles) of each.

- ☒
- Separate sanitary sewer

100 %

- ☐
- Combined storm and sanitary sewer

0 %

A.8. Discharges and Other Disposal Methods.

- a. Does the treatment works discharge effluent to waters of the U.S.?

☒ Yes☐ No

If yes, list how many of each of the following types of discharge points the treatment works uses:

- i. Discharges of treated effluent

1

- ii. Discharges of untreated or partially treated effluent

0

- iii. Combined sewer overflow points

0

- iv. Constructed emergency overflows (prior to the headworks)

0

- v. Other _____

0

- b. Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.?

☐ Yes☒ No

If yes, provide the following for each surface impoundment:

Location: _____

Annual average daily volume discharge to surface impoundment(s) _____ mgd

Is discharge ☐ continuous or ☐ intermittent?

- c. Does the treatment works land-apply treated wastewater?

☐ Yes☒ No

If yes, provide the following for each land application site:

Location: _____

Number of acres: _____

Annual average daily volume applied to site: _____ mgd

Is land application ☐ continuous or ☐ intermittent?

- d. Does the treatment works discharge or transport treated or untreated wastewater to another treatment works?

☒ Yes☐ No

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If yes, describe the mean(s) by which the wastewater from the treatment works is discharged or transported to the other treatment works (e.g., tank truck, pipe).

TANK TRUCK

If transport is by a party other than the applicant, provide:

Transporter Name Hall's Septic ServiceMailing Address 211 Willowbrook Lane
Romoke, VA 24012Contact Person Bill HallTitle OWNERTelephone Number (540) 977-7684

For each treatment works that receives this discharge, provide the following:

Name Romoke Reg. Water Pollution Control PlantMailing Address 1402 BRAMINGTON ST.
ROMOKE, VA 24014Contact Person MARTIN JENSAHUNDTTitle Pretreatment Co-ordinatorTelephone Number (540) 853-2406

If known, provide the NPDES permit number of the treatment works that receives this discharge VA 0025020

Provide the average daily flow rate from the treatment works into the receiving facility. 0.0001 mgd

- e. Does the treatment works discharge or dispose of its wastewater in a manner not included in A.8. through A.8.d above (e.g., underground percolation, well injection): ☒ Yes ☐ No

If yes, provide the following for each disposal method:

Description of method (including location and size of site(s) if applicable):

Annual daily volume disposed by this method: _____

Is disposal through this method ☐ continuous or ☐ intermittent?

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WASTEWATER DISCHARGES:

If you answered "yes" to question A.8.a, complete questions A.9 through A.12 once for each outfall (including bypass points) through which effluent is discharged. Do not include information on combined sewer overflows in this section. If you answered "no" to question A.8.a, go to Part B, "Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd."

A.9. Description of Outfall.

- a. Outfall number 01
- b. Location Blacksburg 24060
(City or town, if applicable) (Zip Code)
Montgomery Virginia
(County) (State)
370 Deg. 12 min. 30 sec. 80 Deg. 21 min. 00 sec.
(Latitude) (Longitude)
- c. Distance from shore (if applicable) _____ ft.
- d. Depth below surface (if applicable) _____ ft.
- e. Average daily flow rate 0.015 mgd
- f. Does this outfall have either an intermittent or a periodic discharge?
_____ Yes _____ No (go to A.9.g.)
- If yes, provide the following information:
- Number of times per year discharge occurs: _____
- Average duration of each discharge: _____
- Average flow per discharge: _____ mgd
- Months in which discharge occurs: _____
- g. Is outfall equipped with a diffuser? _____ Yes ☒ No

A.10. Description of Receiving Waters.

- a. Name of receiving water North Fork of the Roanoke River
- b. Name of watershed (if known) Upper Roanokd
- United States Soil Conservation Service 14-digit watershed code (if known): L0203010101010
- c. Name of State Management/River Basin (if known): Roanoke River Basin
- United States Geological Survey 8-digit hydrologic cataloging unit code (if known): 03010101
- d. Critical low flow of receiving stream (if applicable):
acute 2.58 cfs chronic 2.78 cfs
- e. Total hardness of receiving stream at critical low flow (if applicable): 2.32 mg/l of CaCO₃

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A.11. Description of Treatment.

- a. What levels of treatment are provided? Check all that apply.



Primary



Secondary



Advanced



Other:

Describe:

Post chlorination, De-chlorination

- b. Indicate the following removal rates (as applicable):

Design BOD₅ removal or Design CBOD₅ removal

98

%

Design SS removal

98

%

Design P removal

98

%

Design N removal

98

%

Other

%

- c. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe.

Chlorination

If disinfection is by chlorination, is dechlorination used for this outfall?



Yes



No

- d. Does the treatment plant have post aeration?



Yes



No

A.12. Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart.

Outfall number: 01

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	Number of Samples
pH (Minimum)	6.5	s.u.			
pH (Maximum)	8.9	s.u.			
Flow Rate	0.294	MGD	0.048	MGD	52
Temperature (Winter)	26.3	Deg. Celsius	14.8	Deg. Celsius	20
Temperature (Summer)	23.8	Deg. Celsius	16.0	Deg. Celsius	20

* For pH please report a minimum and a maximum daily value

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
	Conc.	Units	Conc.	Units	Number of Samples		

CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.

BIOCHEMICAL OXYGEN DEMAND (Report one)	BOD-5	20.0	mg/l	6.3	mg/l	52	SM521013	2
	CBOD-5							
FECAL COLIFORM		30600	MPN	22	MPN	52	SM9221 C, E	2
TOTAL SUSPENDED SOLIDS (TSS)		53	mg/l	12.5	MPN	52	EPA 160.2	2

END OF PART A.

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

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N/A

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BASIC APPLICATION INFORMATION

PART B. ADDITIONAL APPLICATION INFORMATION FOR APPLICANTS WITH A DESIGN FLOW GREATER THAN OR EQUAL TO 0.1 MGD (100,000 gallons per day).

All applicants with a design flow rate ≥ 0.1 mgd must answer questions B.1 through B.6. All others go to Part C (Certification).

B.1. Inflow and Infiltration. Estimate the average number of gallons per day that flow into the treatment works from inflow and/or infiltration.

_____ gpd

Briefly explain any steps underway or planned to minimize inflow and infiltration.

B.2. Topographic Map. Attach to this application a topographic map of the area extending at least one mile beyond facility property boundaries. This map must show the outline of the facility and the following information. (You may submit more than one map if one map does not show the entire area.)

- The area surrounding the treatment plant, including all unit processes.
- The major pipes or other structures through which wastewater enters the treatment works and the pipes or other structures through which treated wastewater is discharged from the treatment plant. Include outfalls from bypass piping, if applicable.
- Each well where wastewater from the treatment plant is injected underground.
- Wells, springs, other surface water bodies, and drinking water wells that are: 1) within $\frac{1}{4}$ mile of the property boundaries of the treatment works, and 2) listed in public record or otherwise known to the applicant.
- Any areas where the sewage sludge produced by the treatment works is stored, treated, or disposed.
- If the treatment works receives waste that is classified as hazardous under the Resource Conservation and Recovery Act (RCRA) by truck, rail, or special pipe, show on the map where the hazardous waste enters the treatment works and where it is treated, stored, and/or disposed.

B.3. Process Flow Diagram or Schematic. Provide a diagram showing the processes of the treatment plant, including all bypass piping and all backup power sources or redundancy in the system. Also provide a water balance showing all treatment units, including disinfection (e.g., chlorination and dechlorination). The water balance must show daily average flow rates at influent and discharge points and approximate daily flow rates between treatment units. Include a brief narrative description of the diagram.

B.4. Operation/Maintenance Performed by Contractor(s).

Are any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a contractor? ☐ Yes ☐ No

If yes, list the name, address, telephone number, and status of each contractor and describe the contractor's responsibilities (attach additional pages if necessary).

Name: _____

Mailing Address: _____

Telephone Number: (____) _____

Responsibilities of Contractor: _____

B.5. Scheduled improvements and Schedules of Implementation. Provide information on any uncompleted implementation schedule or uncompleted plans for improvements that will affect the wastewater treatment, effluent quality, or design capacity of the treatment works. If the treatment works has several different implementation schedules or is planning several improvements, submit separate responses to question B.5 for each. (If none, go to question B.6.)

- a. List the outfall number (assigned in question A.9) for each outfall that is covered by this implementation schedule.

- b. Indicate whether the planned improvements or implementation schedule are required by local, State, or Federal agencies.

☐ Yes ☐ No

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N/A

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- c. If the answer to B.5.b is "Yes," briefly describe, including new maximum daily inflow rate (if applicable).

- d. Provide dates imposed by any compliance schedule or any actual dates of completion for the implementation steps listed below, as applicable. For improvements planned independently of local, State, or Federal agencies, indicate planned or actual completion dates, as applicable. Indicate dates as accurately as possible.

Implementation Stage	Schedule MM/DD/YYYY	Actual Completion MM/DD/YYYY
- Begin Construction	/ /	/ /
- End Construction	/ /	/ /
- Begin Discharge	/ /	/ /
- Attain Operational Level	/ /	/ /

- e. Have appropriate permits/clearances concerning other Federal/State requirements been obtained? ☐ Yes ☐ No

Describe briefly:

B.6. EFFLUENT TESTING DATA (GREATER THAN 0.1 MGD ONLY).

Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide effluent testing for the following listed parameters and those required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum effluent testing data must be based on at least three pollutant scans, preferably represent several seasons, and must be no more than four and on-half years old.

Outfall Number: _____

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML/MDL
	Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NON CONVENTIONAL COMPOUNDS							
AMMONIA (as N)							
CHLORINE (TOTAL RESIDUAL, TRC)							
DISSOLVED OXYGEN							
TOTAL KJELDAHL NITROGEN (TKN)							
NITRATE PLUS NITRITE NITROGEN							
OIL and GREASE							
PHOSPHORUS (Total)							
TOTAL DISSOLVED SOLIDS (TDS)							
OTHER							

END OF PART B.

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

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B/Arxshire County Club WWTP

VPDES-VA0027481

BASIC APPLICATION INFORMATION**PART C. CERTIFICATION**

All applicants must complete the Certification Section. Refer to instructions to determine who is an officer for the purposes of this certification. All applicants must complete all applicable sections of Form 2A, as explained in the Application Overview. Indicate below which parts of Form 2A you have completed and are submitting. By signing this certification statement, applicants confirm that they have reviewed Form 2A and have completed all sections that apply to the facility for which this application is submitted.

Indicate which parts of Form 2A you have completed and are submitting:



Basic Application Information packet

Supplemental Application Information packet:

☐ Part D (Expanded Effluent Testing Data)☐ Part E (Toxicity Testing: Biomonitoring Data)☐ Part F (Industrial User Discharges and RCRA/CERCLA Wastes)☐ Part G (Combined Sewer Systems)**ALL APPLICANTS MUST COMPLETE THE FOLLOWING CERTIFICATION.**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title

William H. Carter, Managing Member

Signature

Telephone number

540-989-3653

Date signed

April 18, 2013

Upon request of the permitting authority, you must submit any other information necessary to assess wastewater treatment practices at the treatment works or identify appropriate permitting requirements.

SEND COMPLETED FORMS TO:WHL I acknowledge the changes to Form 2A.

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SUPPLEMENTAL APPLICATION INFORMATION

N/A

PART D. EXPANDED EFFLUENT TESTING DATA

Refer to the directions on the cover page to determine whether this section applies to the treatment works.

Effluent Testing: 1.0 mgd and Pretreatment Works. If the treatment works has a design flow greater than or equal to 1.0 mgd or it has (or is required to have) a pretreatment program, or is otherwise required by the permitting authority to provide the data, then provide effluent testing data for the following pollutants. Provide the indicated effluent testing information and any other information required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analyses conducted using 40 CFR Part 136 methods. In addition, these data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. Indicate in the blank rows provided below any data you may have on pollutants not specifically listed in this form. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall number: _____ (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
METALS (TOTAL RECOVERABLE), CYANIDE, PHENOLS, AND HARDNESS.											
ANTIMONY											
ARSENIC											
BERYLLIUM											
CADMIUM											
CHROMIUM											
COPPER											
LEAD											
MERCURY											
NICKEL											
SELENIUM											
SILVER											
THALLIUM											
ZINC											
CYANIDE											
TOTAL PHENOLIC COMPOUNDS											
HARDNESS (AS CaCO ₃)											
Use this space (or a separate sheet) to provide information on other metals requested by the permit writer											

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N/A

SUPPLEMENTAL APPLICATION INFORMATION

PART E. TOXICITY TESTING DATA

POTWs meeting one or more of the following criteria must provide the results of whole effluent toxicity tests for acute or chronic toxicity for each of the facility's discharge points: 1) POTWs with a design flow rate greater than or equal to 1.0 mgd; 2) POTWs with a pretreatment program (or those that are required to have one under 40 CFR Part 403); or 3) POTWs required by the permitting authority to submit data for these parameters.

- At a minimum, these results must include quarterly testing for a 12-month period within the past 1 year using multiple species (minimum of two species), or the results from four tests performed at least annually in the four and one-half years prior to the application, provided the results show no appreciable toxicity, and testing for acute and/or chronic toxicity, depending on the range of receiving water dilution. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through an analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136.
- In addition, submit the results of any other whole effluent toxicity tests from the past four and one-half years. If a whole effluent toxicity test conducted during the past four and one-half years revealed toxicity, provide any information on the cause of the toxicity or any results of a toxicity reduction evaluation, if one was conducted.
- If you have already submitted any of the information requested in Part E, you need not submit it again. Rather, provide the information requested in question E.4 for previously submitted information. If EPA methods were not used, report the reasons for using alternate methods. If test summaries are available that contain all of the information requested below, they may be submitted in place of Part E.

If no biomonitoring data is required, do not complete Part E. Refer to the Application Overview for directions on which other sections of the form to complete.

E.1. Required Tests.

Indicate the number of whole effluent toxicity tests conducted in the past four and one-half years.

☐ chronic ☐ acute

E.2. Individual Test Data. Complete the following chart for each whole effluent toxicity test conducted in the last four and one-half years. Allow one column per test (where each species constitutes a test). Copy this page if more than three tests are being reported.

Test number: _____

Test number: _____

Test number: _____

a. Test information.

Test Species & test method number			
Age at initiation of test			
Outfall number			
Dates sample collected			
Date test started			
Duration			

b. Give toxicity test methods followed.

Manual title			
Edition number and year of publication			
Page number(s)			

c. Give the sample collection method(s) used. For multiple grab samples, indicate the number of grab samples used.

24-Hour composite			
Grab			

d. Indicate where the sample was taken in relation to disinfection. (Check all that apply for each.)

Before disinfection			
After disinfection			
After dechlorination			

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N/A

SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete part F.

GENERAL INFORMATION:

F.1. Pretreatment program. Does the treatment works have, or is subject to, an approved pretreatment program?

☐ Yes ☐ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. _____

b. Number of CIUs. _____

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: _____

Mailing Address: _____

F.4. Industrial Processes. Describe all the industrial processes that affect or contribute to the SIU's discharge.

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): _____

Raw material(s): _____

F.6. Flow Rate.

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharge into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

_____ gpd (_____ continuous or _____ intermittent)

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

_____ gpd (_____ continuous or _____ intermittent)

F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following:

a. Local limits ☐ Yes ☐ No

b. Categorical pretreatment standards ☐ Yes ☐ No

If subject to categorical pretreatment standards, which category and subcategory?

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N/A

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8. **Problems at the Treatment Works Attributed to Waste Discharge by the SIU.** Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

☐ Yes ☐ No

If yes, describe each episode.

RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:

- F.9. **RCRA Waste.** Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail or dedicated pipe?

☐ Yes ☐ No (go to F.12)

- F.10 **Waste transport.** Method by which RCRA waste is received (check all that apply):

☐ Truck ☐ Rail ☐ Dedicated Pipe

- F.11 **Waste Description.** Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste NumberAmountUnits**CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:**

- F.12 **Remediation Waste.** Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

☐ Yes (complete F.13 through F.15.) ☐ No

- F.13 **Waste Origin.** Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

- F.14 **Pollutants.** List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary.)

- F.15 **Waste Treatment.**

- a. Is this waste treated (or will be treated) prior to entering the treatment works?

☐ Yes ☐ No

If yes, describe the treatment (provide information about the removal efficiency):

- b. Is the discharge (or will the discharge be) continuous or intermittent?

☐ Continuous☐ Intermittent

If intermittent, describe discharge schedule.

END OF PART F.**REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE**

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N/A

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SUPPLEMENTAL APPLICATION INFORMATION

PART G. COMBINED SEWER SYSTEMS

If the treatment works has a combined sewer system, complete Part G.

G.1. **System Map.** Provide a map indicating the following: (may be included with Basic Application Information)

- a. All CSO discharge points.
- b. Sensitive use areas potentially affected by CSOs (e.g., beaches, drinking water supplies, shellfish beds, sensitive aquatic ecosystems, and outstanding natural resource waters).
- c. Waters that support threatened and endangered species potentially affected by CSOs.

G.2. **System Diagram.** Provide a diagram, either in the map provided in G.1 or on a separate drawing, of the combined sewer collection system that includes the following information.

- a. Location of major sewer trunk lines, both combined and separate sanitary.
- b. Locations of points where separate sanitary sewers feed into the combined sewer system.
- c. Locations of in-line and off-line storage structures.
- d. Locations of flow-regulating devices.
- e. Locations of pump stations.

CSO OUTFALLS:

Complete questions G.3 through G.6 once for each CSO discharge point.

G.3 **Description of Outfall.**

- a. Outfall number _____
- b. Location _____
(city or town, if applicable) (Zip Code) _____
(County) (State) _____
(Latitude) (Longitude) _____
- c. Distance from shore (if applicable) _____ ft.
- d. Depth below surface (if applicable) _____ ft.
- e. Which of the following were monitored during the last year for this CSO?
☐ Rainfall ☐ CSO pollutant concentrations ☐ CSO frequency
☐ CSO flow volume ☐ Receiving water quality
- f. How many storm events were monitored during the last year? _____

G.4. **CSO Events.**

- a. Give the number of CSO events in the last year.
_____ events (☐ actual or ☐ approx.)
- b. Give the average duration per CSO event.
_____ hours (☐ actual or ☐ approx.)

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N/A

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- c. Give the average volume per CSO event.
_____ million gallons (☐ actual or ☐ approx.)
- d. Give the minimum rainfall that caused a CSO event in the last year
_____ Inches of rainfall

G.5. Description of Receiving Waters.

- a. Name of receiving water: _____
- b. Name of watershed/river/stream system: _____
United State Soil Conservation Service 14-digit watershed code (if known): _____
- c. Name of State Management/River Basin: _____
United States Geological Survey 8-digit hydrologic cataloging unit code (if known): _____

G.6. CSO Operations.

Describe any known water quality impacts on the receiving water caused by this CSO (e.g., permanent or intermittent beach closings, permanent or intermittent shell fish bed closings, fish kills, fish advisories, other recreational loss, or violation of any applicable State water quality standard).

END OF PART G.

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE.

FACILITY NAME: BBCC WWTU

VPDES PERMIT NUMBER: VA 0027481

VPDES SEWAGE SLUDGE PERMIT APPLICATION FORM

SCREENING INFORMATION

This application is divided into sections. Sections A pertain to all applicants. The applicability of Sections B, C and D depend on your facility's sewage sludge use or disposal practices. The information provided on this page will help you determine which sections to fill out.

1. All applicants must complete Section A (General Information).

2. Will this facility generate sewage sludge? ☒ Yes ☐ No

Will this facility derive a material from sewage sludge? ☐ Yes ☒ No

If you answered Yes to either, complete Section B (Generation Of Sewage Sludge Or Preparation Of A Material Derived From Sewage Sludge).

3. Will this facility apply sewage sludge to the land? ☐ Yes ☒ No

Will sewage sludge from this facility be applied to the land? ☐ Yes ☒ No

If you answered No to both questions above, skip Section C.

If you answered Yes to either, answer the following three questions:

a. Will the sewage sludge from this facility meet the ceiling concentrations, pollutant concentrations, Class A pathogen reduction requirements and one of the vector attraction reduction requirements 1-8, as identified in the instructions? UNKNOWN
☐ Yes ☐ No

b. Will sewage sludge from this facility be placed in a bag or other container for sale or give-away for application to the land? ☐ Yes ☒ No

c. Will sewage sludge from this facility be sent to another facility for treatment or blending? ☒ Yes ☐ No

If you answered No to all three, complete Section C (Land Application Of Bulk Sewage Sludge).

If you answered Yes to a, b or c, skip Section C.

4. Do you own or operate a surface disposal site? ☐ Yes ☒ No

If Yes, complete Section D (Surface Disposal).

FACILITY NAME: BBCUWTFVPDES PERMIT NUMBER: VA 0027481

SECTION A. GENERAL INFORMATION

applicants must complete this section.

1. Facility Information.

- a. Facility name: B&J Enterprises, LC.
- b. Contact person: DANA T. RAYMOND II
Title: Superintendent
Phone: (540) 989-7653 540-989-3268 FAX
- c. Mailing address:
Street or P.O. Box: 3807 BRANNAN AVE. S.W.
City or Town: ROANOKE State: VA. Zip: 24018
- d. Facility location:
Street or Route #: Clubhouse Rd
County: MONTGOMERY
City or Town: Blacksburg State: VA. Zip: 24060
- e. Is this facility a Class I sludge management facility? ☐ Yes ☒ No
- f. Facility design flow rate: 0.035 mgd
- g. Total population served: 160 Customers
- h. Indicate the type of facility:
☐ Publicly owned treatment works (POTW)
☒ Privately owned treatment works
☐ Federally owned treatment works
☐ Blending or treatment operation
☐ Surface disposal site
☐ Other (describe): _____

2. Applicant Information. If the applicant is different from the above, provide the following:

- a. Applicant name: SAME AS ABOVE
- b. Mailing address:
Street or P.O. Box: _____
City or Town: _____ State: _____ Zip: _____
- c. Contact person: _____
Title: _____
Phone: () _____
- d. Is the applicant the owner or operator (or both) of this facility?
☒ owner ☒ operator
- e. Should correspondence regarding this permit be directed to the facility or the applicant? (Check one)
☐ facility ☒ applicant

3. Permit Information.

- a. Facility's VPDES permit number (if applicable): VA 0027481
- b. List on this form or an attachment, all other federal, state or local permits or construction approvals received or applied for that regulate this facility's sewage sludge management practices:
Permit Number: _____ Type of Permit: _____

4. Indian Country. Does any generation, treatment, storage, application to land or disposal of sewage sludge from this facility occur in Indian Country? ☐ Yes ☒ No If yes, describe:

FACILITY NAME: BBC NWTPVPDES PERMIT NUMBER: VA 0027481

5. Topographic Map. Provide a topographic map or maps (or other appropriate maps if a topographic map is unavailable) that shows the following information. Maps should include the area one mile beyond all property boundaries of the facility:
- Location of all sewage sludge management facilities, including locations where sewage sludge is generated, stored, treated, or disposed.
 - Location of all wells, springs, and other surface water bodies listed in public records or otherwise known to the applicant within 1/4 mile of the property boundaries.

6. Line Drawing. Provide a line drawing and/or a narrative description that identifies all sewage sludge processes that will be employed during the term of the permit including all processes used for collecting, dewatering, storing, or treating sewage sludge, the destination(s) of all liquids and solids leaving each unit, and all methods used for pathogen reduction and vector attraction reduction.

7. Contractor Information. Are any operational or maintenance aspects of this facility related to sewage sludge generation, treatment, use or disposal the responsibility of a contractor? ☒ Yes ☐ No
If yes, provide the following for each contractor (attach additional pages if necessary).

Name: ITALIS SEPTIC SERVICE

Mailing address:

Street or P.O. Box: 211 Willowbrook LaneCity or Town: ROANOKE State: VA Zip: 24012Phone: (540) 977-7684

Contractor's Federal, State or Local Permit Number(s) applicable to this facility's sewage sludge:

If the contractor is responsible for the use and/or disposal of the sewage sludge, provide a description of the service to be provided to the applicant and the respective obligations of the applicant and the contractor(s).

8. Pollutant Concentrations. Using the table below or a separate attachment, provide sewage sludge monitoring data for the pollutants which limits in sewage sludge have been established in 9 VAC 25-31-10 et seq. for this facility's expected use or disposal practices. All data must be based on three or more samples taken at least one month apart and must be no more than four and one-half years old.

POLLUTANT	CONCENTRATION (mg/kg dry weight)	SAMPLE DATE	ANALYTICAL METHOD	DETECTION LEVEL FOR ANALYSIS
Arsenic				
Cadmium				
Chromium				
Copper				
Lead				
Mercury				
Molybdenum				
Nickel				
Selenium				
Zinc				

9. Certification. Read and submit the following certification statement with this application. Refer to the instructions to determine who is an officer for purposes of this certification. Indicate which parts of the application you have completed and are submitting:

- ☒ Section A (General Information)
☒ Section B (Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge)
☐ Section C (Land Application of Bulk Sewage Sludge)
☐ Section D (Surface Disposal)

FACILITY NAME: BBCC WWTP

VPDES PERMIT NUMBER: VA 0027481

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title: William H. Lester, Managing Member

Signature [Signature] Date Signed April 18, 2013

Telephone number 540-989-3653

Upon request of the department, you must submit any other information necessary to assess sewage sludge use or disposal practices at your facility or identify appropriate permitting requirements.

WHL I acknowledge the changes to this form.



FACILITY NAME: BBCL WHTPVPDES PERMIT NUMBER: VA 002748/SECTION B. GENERATION OF SEWAGE SLUDGE OR PREPARATION
OF A MATERIAL DERIVED FROM SEWAGE SLUDGE

Complete this section if your facility generates sewage sludge or derives a material from sewage sludge

1. Amount Generated On Site.
Total dry metric tons per 365-day period generated at your facility: 121.5 dry metric tons
2. Amount Received from Off Site. If your facility receives sewage sludge from another facility for treatment, use or disposal, provide the following information for each facility from which sewage sludge is received. If you receive sewage sludge from more than one facility, attach additional pages as necessary.
 - a. Facility name: _____
 - b. Contact Person: _____
Title: _____
Phone () _____
 - c. Mailing address: _____
Street or P.O. Box: _____
City or Town: _____ State: _____ Zip: _____
 - d. Facility Address: _____
(not P.O. Box) _____
 - e. Total dry metric tons per 365-day period received from this facility: _____ dry metric tons
 - f. Describe, on this form or on another sheet of paper, any treatment processes known to occur at the off-site facility, including blending activities and treatment to reduce pathogens or vector attraction characteristics:

Treatment Provided at Your Facility.

- a. Which class of pathogen reduction is achieved for the sewage sludge at your facility?
____ Class A ____ Class B ☒ Neither or unknown
- b. Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce pathogens in sewage sludge: extended aeration, chlorination, dewatering
- c. Which vector attraction reduction option is met for the sewage sludge at your facility?
____ Option 1 (Minimum 38 percent reduction in volatile solids)
____ Option 2 (Anaerobic process, with bench-scale demonstration)
____ Option 3 (Aerobic process, with bench-scale demonstration)
____ Option 4 (Specific oxygen uptake rate for aerobically digested sludge)
____ Option 5 (Aerobic processes plus raised temperature)
____ Option 6 (Raise pH to 12 and retain at 11.5)
____ Option 7 (75 percent solids with no unstabilized solids)
____ Option 8 (90 percent solids with unstabilized solids)
☒ None or unknown
- d. Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce vector attraction properties of sewage sludge: Same as above
- e. Describe, on this form or another sheet of paper, any other sewage sludge treatment activities, including blending, not identified in a - d above: N/A

4. Preparation of Sewage Sludge Meeting Ceiling and Pollutant Concentrations, Class A Pathogen Requirements and One of Vector Attraction Reduction Options 1-8 (EQ Sludge).

(If sewage sludge from your facility does not meet all of these criteria, skip Question 4.)

- a. Total dry metric tons per 365-day period of sewage sludge subject to this section that is applied to the land:
0 dry metric tons
- b. Is sewage sludge subject to this section placed in bags or other containers for sale or give-away? No

FACILITY NAME: BREC WWTP
Yes ☐ No ☒

VPDES PERMIT NUMBER: VA0027481

Sale or Give-Away in a Bag or Other Container for Application to the Land.

(Complete this question if you place sewage sludge in a bag or other container for sale or give-away prior to land application. Skip this question if sewage sludge is covered in Question 4.)

- a. Total dry metric tons per 365-day period of sewage sludge placed in a bag or other container at your facility for sale or give-away for application to the land: _____ dry metric tons
- b. Attach, with this application, a copy of all labels or notices that accompany the sewage sludge being sold or given away in a bag or other container for application to the land.

6. Shipment Off Site for Treatment or Blending.

(Complete this question if sewage sludge from your facility is sent to another facility that provides treatment or blending. This question does not apply to sewage sludge sent directly to a land application or surface disposal site. Skip this question if the sewage sludge is covered in Questions 4 or 5. If you send sewage sludge to more than one facility, attach additional sheets as necessary.)

- a. Receiving facility name: Roanoke Regional Water Pollution Control Plant
- b. Facility contact: Jonis Richardson
Title: Environmental Programs Co-ordinator
Phone: (540) 953-1517
- c. Mailing address:
Street or P.O. Box: 1502 Brownlee Ave.
City or Town: Roanoke State: VA Zip: 24014
- d. Total dry metric tons per 365-day period of sewage sludge provided to receiving facility: 110.2 dry metric tons
- e. List, on this form or an attachment, the receiving facility's VPDES permit number as well as the numbers of all other federal, state or local permits that regulate the receiving facility's sewage sludge use or disposal practices:

Permit Number:
VPDES

Type of Permit:
VA0025020

- f. Does the receiving facility provide additional treatment to reduce pathogens in sewage sludge from your facility? ☒ Yes ☐ No

Which class of pathogen reduction is achieved for the sewage sludge at the receiving facility?

☒ Class A ☐ Class B ☐ Neither or unknown

Describe, on this form or another sheet of paper, any treatment processes used at the receiving facility to reduce pathogens in sewage sludge: Anaerobic digestion, LABOURS

- g. Does the receiving facility provide additional treatment to reduce vector attraction characteristics of the sewage sludge? ☒ Yes ☐ No

Which vector attraction reduction option is met for the sewage sludge at the receiving facility?

- ☒ Option 1 (Minimum 38 percent reduction in volatile solids)
☐ Option 2 (Anaerobic process, with bench-scale demonstration)
☐ Option 3 (Aerobic process, with bench-scale demonstration)
☐ Option 4 (Specific oxygen uptake rate for aerobically digested sludge)
☐ Option 5 (Aerobic processes plus raised temperature)
☐ Option 6 (Raise pH to 12 and retain at 11.5)
☐ Option 7 (75 percent solids with no unstabilized solids)
☐ Option 8 (90 percent solids with unstabilized solids)
☐ None unknown

Describe, on this form or another sheet of paper, any treatment processes used at the receiving facility to reduce vector attraction properties of sewage sludge: _____

- h. Does the receiving facility provide any additional treatment or blending not identified in f or g above?
☐ Yes ☒ No

If yes, describe, on this form or another sheet of paper, the treatment processes not identified in f or g above: _____

- i. If you answered yes to f, g or h above, attach a copy of any information you provide to the receiving facility

FACILITY NAME: BBCL WWTTP

VPDES PERMIT NUMBER: VA0027481

to comply with the "notice and necessary information" requirement of 9 VAC 25-31-530.G.

- j. Does the receiving facility place sewage sludge from your facility in a bag or other container for sale or give-away for application to the land? ☐ Yes ☒ No
If yes, provide a copy of all labels or notices that accompany the product being sold or given away.
- k. Will the sewage sludge be transported to the receiving facility in a truck-mounted watertight tank normally used for such purposes? ☒ Yes ☐ No. If no, provide description and specification on the vehicle used to transport the sewage sludge to the receiving facility.

Show the haul route(s) on a location map or briefly describe the haul route below and indicate the days of the week and the times of the day sewage sludge will be transported. Blackstone - Elliott VA Hwy, Route 100 - I-81 North - SR1 - Route Regional

7. Land Application of Bulk Sewage Sludge.

(Complete Question 7.a if sewage sludge from your facility is applied to the land, unless the sewage sludge is covered in Questions 4, 5 or 6; complete Question 7.b, c & d only if you are responsible for land application of sewage sludge.)

- a. Total dry metric tons per 365-day period of sewage sludge applied to all land application sites: _____ dry metric tons
- b. Do you identify all land application sites in Section C of this application? ☐ Yes ☐ No
If no, submit a copy of the Land Application Plan (LAP) with this application (LAP should be prepared in accordance with the instructions).
- c. Are any land application sites located in States other than Virginia? ☐ Yes ☐ No
If yes, describe, on this form or on another sheet of paper, how you notify the permitting authority for the States where the land application sites are located. Provide a copy of the notification.

- d. Attach a copy of any information you provide to the owner or lease holder of the land application sites to comply with the "notice and necessary" information requirement of 9 VAC 25-31-530 F and/or H (Examples may be obtained in Appendix IV).

8. Surface Disposal.

(Complete Question 8 if sewage sludge from your facility is placed on a surface disposal site.)

- a. Total dry metric tons per 365-day period of sewage sludge from your facility placed on all surface disposal sites: _____ dry metric tons
- b. Do you own or operate all surface disposal sites to which you send sewage sludge for disposal?
☐ Yes ☐ No
If no, answer questions c - g for each surface disposal site that you do not own or operate. If you send sewage sludge to more than one surface disposal site, attach additional pages as necessary.
- c. Site name or number: _____
- d. Contact person: _____
Title: _____
Phone: () _____
Contact is: ☐ Site Owner ☐ Site operator
- e. Mailing address.
Street or P.O. Box: _____
City or Town: _____ State: _____ Zip: _____
- f. Total dry metric tons per 365-day period of sewage sludge from your facility placed on this surface disposal site: _____ dry metric tons
- g. List, on this form or an attachment, the surface disposal site VPDES permit number as well as the numbers of all other federal, state or local permits that regulate the sewage sludge use or disposal practices at the surface disposal site:
Permit Number: _____ Type of Permit: _____

9. Incineration.

(Complete Question 9 if sewage sludge from your facility is fired in a sewage sludge incinerator.)

FACILITY NAME: BACL WWTTP

VPDES PERMIT NUMBER: VA 0027481

- a. Total dry metric tons per 365-day period of sewage sludge from your facility fired in a sewage sludge incinerator: 0 dry metric tons
- b. Do you own or operate all sewage sludge incinerators in which sewage sludge from your facility is fired?
___ Yes ___ No
If no, answer questions c - g for each sewage sludge incinerator that you do not own or operate. If you send sewage sludge to more than one sewage sludge incinerator, attach additional pages as necessary.
- c. Incinerator name or number: _____
- d. Contact person: _____
Title: _____
Phone: () _____
Contact is: ___ Incinerator Owner ___ Incinerator Operator
- e. Mailing address.
Street or P.O. Box: _____
City or Town: _____ State: _____ Zip: _____
- f. Total dry metric tons per 365-day period of sewage sludge from your facility fired in this sewage sludge incinerator: _____ dry metric tons
- g. List on this form or an attachment the numbers of all other federal, state or local permits that regulate the firing of sewage sludge at this incinerator:
Permit Number: _____ Type of Permit: _____

10. Disposal in a Municipal Solid Waste Landfill.

(Complete Question 10 if sewage sludge from your facility is placed on a municipal solid waste landfill. Provide the following information for each municipal solid waste landfill on which sewage sludge from your facility is placed. If sewage sludge is placed on more than one municipal solid waste landfill, attach additional pages as necessary.)

- a. Landfill name: _____
- b. Contact person: _____
Title: _____
Phone: () _____
Contact is: ___ Landfill Owner ___ Landfill Operator
- c. Mailing address.
Street or P.O. Box: _____
City or Town: _____ State: _____ Zip: _____
- d. Landfill location.
Street or Route #: _____
County: _____
City or Town: _____ State: _____ Zip: _____
- e. Total dry metric tons per 365-day period of sewage sludge placed in this municipal solid waste landfill: _____ dry metric tons
- f. List, on this form or an attachment, the numbers of all federal, state or local permits that regulate the operation of this municipal solid waste landfill:
Permit Number: _____ Type of Permit: _____

- g. Does sewage sludge meet applicable requirements in the Virginia Solid Waste Management Regulation, 9 VAC 20-80-10 et seq., concerning the quality of materials disposed in a municipal solid waste landfill?
___ Yes ___ No
- h. Does the municipal solid waste landfill comply with all applicable criteria set forth in the Virginia Solid Waste Management Regulation, 9 VAC 20-80-10 et seq.? ___ Yes ___ No
- i. Will the vehicle bed or other container used to transport sewage sludge to the municipal solid waste landfill be watertight and covered? ___ Yes ___ No
Show the haul route(s) on a location map or briefly describe the route below and indicate the days of the week and time of the day sewage sludge will be transported. _____

VPDES PERMIT APPLICATION ADDENDUM - SUPPLEMENTARY INFORMATION

A. General Information

1. Entity to whom the permit is to be issued: B & J Enterprises, LLC
Who will be legally responsible for the wastewater treatment facilities and compliance with the permit? This may or may not be the facility or property owner.
DAINA T. RAYNOLDS II OPERATOR / Superintendent
2. Classify the discharge as one of the following by checking the appropriate line:
☒ a. Existing discharge
☐ b. Proposed discharge
☐ c. Proposed expansion of an existing discharge
3. Year the current wastewater treatment facility began operation: _____

B. Location

1. Is this facility located within city or town boundaries? Y ☒ N
2. (New Issuances & Modifications Only) What is the tax map parcel number for the land where this facility is located? N/A
3. For the facility to be covered by this permit, how many acres will be disturbed during the next five years due to new construction activities? 10
4. What is the total acreage of the property on which the treatment plant is located? 175 acres
5. Attach to the back of this application a location map(s) which may be traced from or is/are a production of a U.S. Geological Survey topographic quadrangle(s) or other appropriately scaled contour map(s). The location map(s) shall show the following:
 - a. Treatment Plant
 - b. Discharge point
 - c. Receiving waters
 - d. Boundaries of the property on which the treatment plant is located, or to be located.
 - e. Distance from the treatment plant to the nearest: (Indicate "not applicable" for any distance greater than 2000 feet)
 - i. Residence
 - ii. Distribution line for potable water supply
 - iii. Reservoir, well, or other source of water supply
 - iv. Recreational area
 - f. Distance from the discharge point to the nearest: (Indicate "not applicable" for any distance greater than 15 miles)
 - i. Downstream community
 - ii. Upstream and downstream water intake points
 - iii. Shellfishing waters
 - iv. Wetlands area
 - v. Downstream impoundment
 - vi. Downstream recreational area

C. Discharge Description

1. Provide a brief description of the wastewater treatment scheme. Also, attach to the back of this application, a process flow diagram showing each process unit of the treatment plant, including all bypass piping and all backup power sources or redundancy in the system.

*Extended Aeration with Post-chlorination
and dechlorination.*

2. What is the design average flow of this facility? 0.035 MGD
Industrial facilities: What is the max. 30-day avg. production level (include units)? N/A
3. In addition to the above design flow or production level, should the permit be written with limits for any other discharge flow tiers or production levels? Y / ☒ N

If "Yes", please specify the other flow tiers (in MGD) or production levels: _____
Please consider: Is your facility's design flow considerably greater than your current flow? Do you plan to expand operations during the next five years?

4. Nature of operations generating wastewater:
Country Club with surrounding residences
____ % of flow from domestic connections/sources
Number of private residences to be served by the wastewater treatment facilities:
 0 1-49 ☒ 50 or more
25 % of flow from non-domestic connections/sources

5. Mode of discharge: ☒ Continuous Intermittent Seasonal
Describe frequency and duration of intermittent or seasonal discharges:

6. Identify the characteristics of the receiving stream at the point just above the facility's discharge point:
☒ Permanent stream, never dry
 Intermittent stream, usually flowing, sometimes dry
 Ephemeral stream, wet-weather flow, often dry
 Effluent-dependent stream, usually or always dry
 Lake or pond at or below the discharge point
 Other: _____

E. Anticipated Phasing Schedule for Plant Capacity - Proposed / Expanding Discharges

If this application is for a proposed or expanded discharge(s), complete the phasing schedule below beginning with the year in which construction completion is anticipated and progressing in increments of 5 years for 30 years thereafter.

Proposed Design Capacity: _____ MGD

Anticipated Date of Construction Completion: _____, _____
Month Year

Years after Completion	Projected Flow (MGD)
0	
5	
10	
15	
20	
25	
30	

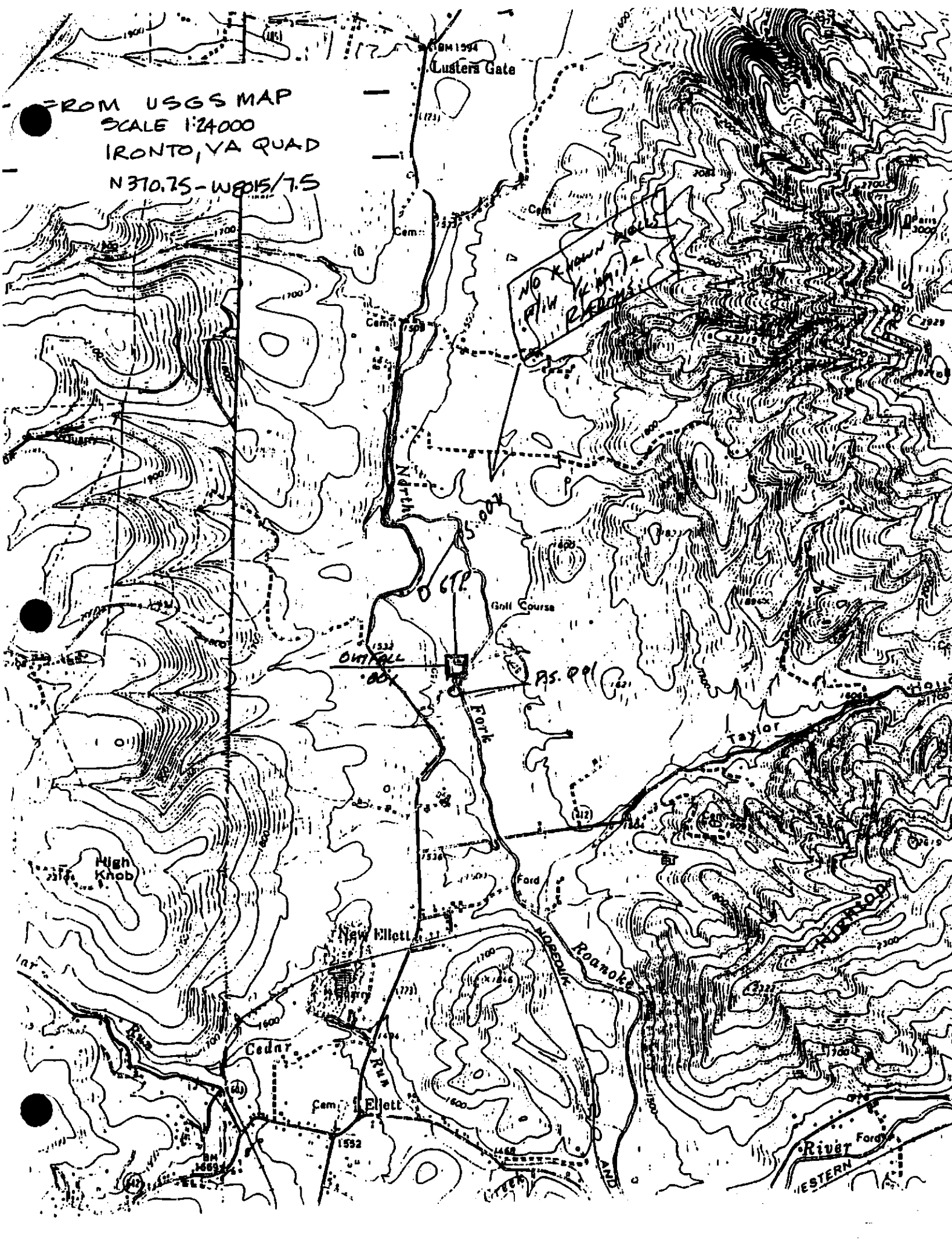
F. Interim Facilities

Are the wastewater treatment facilities interim? (designed for a useful life of less than 5 years)

_____ Yes ☒ No

If so, provide the estimated date to be discontinued (month, year) _____, and the name and location of the intended replacement facility.

Name / Location



FROM USGS MAP
SCALE 1:24000
IRONTO, VA QUAD
N370.75-W8015.75

Cluster Gate

NO KNOWN
R/W
P. 1000

North

Golf Course

OUTFALL
001

PS. 991

Fork

Taylor

High Knob

New Market

Cedar

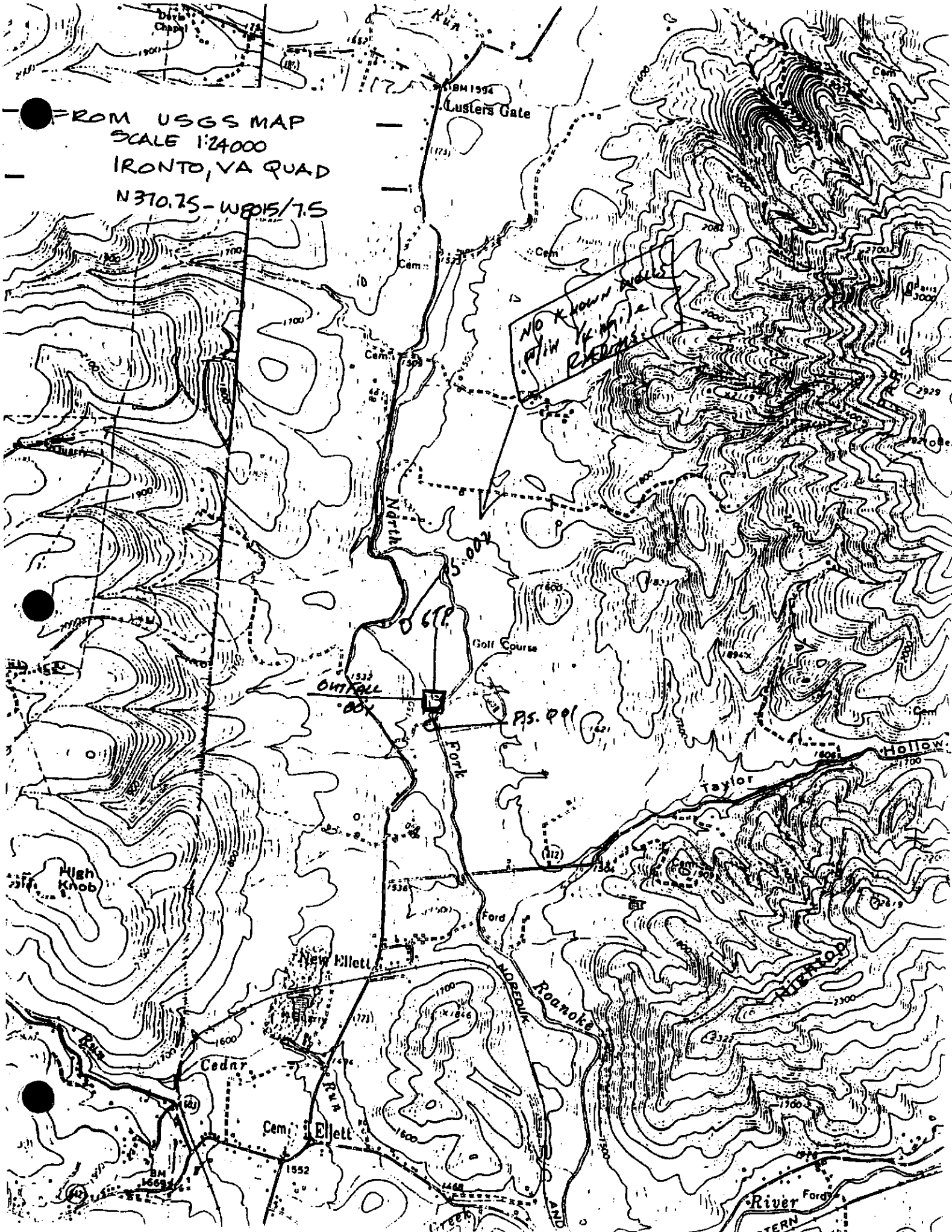
Run

Ellett

Reno

River

Western



FROM USGS MAP
SCALE 1:24000
IRONTO, VA QUAD
N370.75-W8015/7.5

NO KNOWN BARRIERS
PS. 991

High Knob

New Ellett

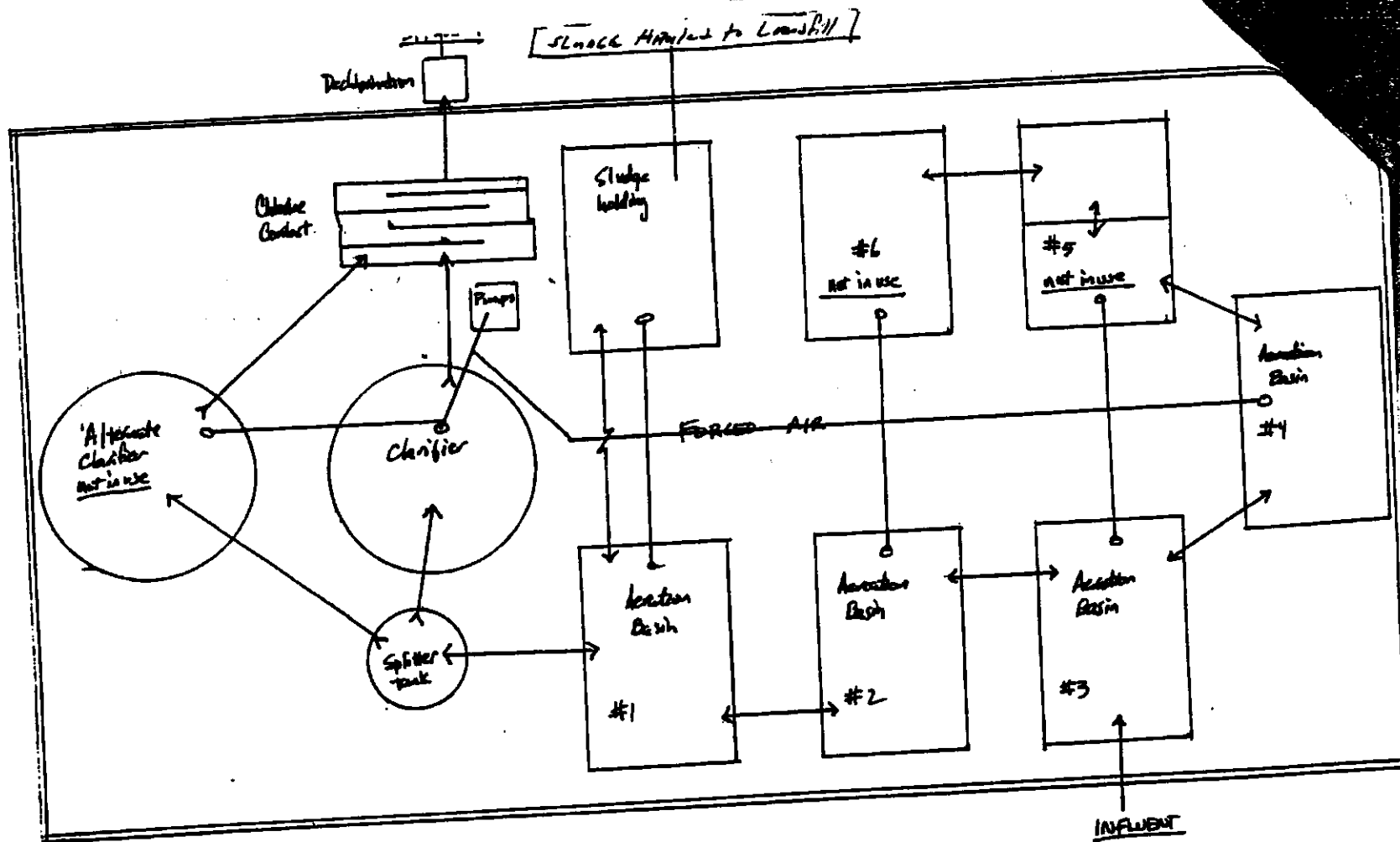
Cedar

Ellett

Roanoke

River Ford







RECEIVED



STATE CORPORATION COMMISSION

Richmond, October 3, 1995

This is to Certify that the certificate of organization of
B & J ENTERPRISES, L.C. ID: S-10611

*was this day issued and admitted to record in this office and
that the said limited liability company is authorized
transact its business subject to all the laws of the State
applicable to the company and its business.*



State Corporation Commission

William J. Bridge

Clerk of the Commission

PUBLIC NOTICE BILLING INFORMATION FORM

I hereby authorize the Department of Environmental Quality to have the cost of publishing a public notice billed to the Agent/Department shown below. The public notice will be published once a week for two consecutive weeks in accordance with 9 VAC 25-31-290.C.2:

Newspaper Name: Roanoke Times

Agent/Department to be billed: B+J Enterprises, LC

Owner: William H. Lester, Managing Member

Applicant's Address: 3807 BRANDON AVE. S.W.

Suite 245

Roanoke, VA. 24018

Agent's Telephone No: 540-982-3653

Authorizing Agent:

Signature

William H. Lester
Printed Name

MANAGING MEMBER
Title

Facility Name:

Permit No.

Blacksburg Country Club Estates WWTP
VA 0027481

Please return to:

Becky L. France
Department of Environmental Quality
3019 Peters Creek Road
Roanoke, VA 24019
Fax No. (540) 562-6725